


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90297 012 ***150.00

DOCUMENT # 355533
1. Entity Name
ALLSTATE GAS COMPANY OF FLORIDA INC



Principal Place of Business Mailing Address
6000 NE 19 AVE 6000 NE 19 AVE
FORT LAUDERDALE FL 33308-2121 FORT LAUDERDALE FL 33308-2121
US US

49061403



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
3928 BROOKDALE CT **3928 BROOKDALE CT**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JACKSONVILLE, FL **JACKSONVILLE, FL**

Zip Country Zip Country
32277-1317 **US** **32277-1317** **US**

4. FEI Number Applied For
59-1280843 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, LINDA M
6000 NE 19 AVENUE
FORT LAUDERDALE FL 33308-2121

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3928 BROOKDALE COURT
City State Zip Code
JACKSONVILLE **FL** **32277-1317**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, LINDA M	
STREET ADDRESS	6000 NE 19 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LENZ, DEBORAH M.	
STREET ADDRESS	2712 PHEASANT DR	
CITY-ST-ZIP	LONGMONT CO 80503	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD W	
STREET ADDRESS	6000 NE 19 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLAU, DIANNA M	
STREET ADDRESS	2712 PHEASANT DR	
CITY-ST-ZIP	LONGMONT CO 80503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3928 BROOKDALE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32277-1317	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8231 E. MALCOMB DRIVE	
CITY-ST-ZIP	SCOTTSDALE, AZ 85250-5627	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3928 BROOKDALE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32277-1317	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8231 E. MALCOMB DRIVE	
CITY-ST-ZIP	SCOTTSDALE, AZ 85250-5627	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda M Smith LINDA M. SMITH 3-17-04 904-743-8195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #